

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

LOUISIANA WHOLESALE DRUG )  
COMPANY, INC., on behalf of itself )  
and all others similarly situated, )  
 )  
Plaintiff, )  
 )  
v. ) C.A. No. 05-340 KAJ  
 )  
ABBOTT LABORATORIES, )  
FOURNIER INDUSTRIE ET SANTÉ, )  
and LABORATORIES FOURNIER S.A., )  
 )  
Defendants. )

**AFFIDAVIT OF DEFENDANT'S NON-RESIDENCE**  
**PURSUANT TO L.R. 4.1(b)**

STATE OF DELAWARE )  
 ) SS.  
NEW CASTLE COUNTY )

BE IT REMEMBERED that on this 15th day of June, 2005, personally appeared before me, the Subscriber, a Notary Public for the State and County aforesaid, JEFFREY S. GODDESS, ESQUIRE, who being duly sworn did depose and say:

1. That he is the attorney for the plaintiff in this civil action.
2. That defendant, Abbott Laboratories, is non-resident in Delaware, being incorporated under the laws of the State of Illinois and having its principal place of business in Abbott Park, Illinois.

3. That he makes this Affidavit on behalf of the plaintiff and causes it to be filed pursuant to L.R. 4.1(b).

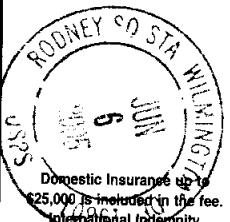
4. That on June 6, 2005, he caused a registered letter to be sent to defendant, Abbott Laboratories. Said registered letter enclosed a copy of the Summons, Complaint and the Return Of Service showing service upon the Secretary of State of the State of Delaware pursuant to 10 Del. C. §3104. A copy of the receipt obtained at the time of mailing said registered letter is attached hereto as Exhibit A.

5. That on June 9, 2005, the aforesaid registered letter was received by defendant Abbott Laboratories, as shown by the attached return receipt from the United States Postal Service. The receipt is attached hereto as Exhibit B.

  
JEFFREY S. GODDESS (No. 630)

SWORN TO AND SUBSCRIBED before me the day and year aforesaid.

  
NOTARY PUBLIC

Registered No.		Date Stamp	
RB 121 172 595 US		 Domestic Insurance up to \$25,000 is included in the fee. International indemnity is limited. <i>(See Reverse)</i>	
To Be Completed By Post Office	Reg. Fee \$		7.50
	Handling \$ Charge		Return \$ Receipt
	Postage \$		Restricted \$ Delivery
	Received by <i>[Signature]</i>		
Customer Must Declare Full Value \$			<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
N/V <b>JEFFREY S. GODDESS, ESQ.</b>			
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM		PO BOX 1070
	TO	WILMINGTON, DE 19899-1070	
	TO	ABBOTT LABORATORIES	
	TO	100 ABBOTT PARK ROAD	
TO	ABBOTT PARK, IL 60064		
<b>(RE: Louisiana (Tricor))</b>			

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer  
June 2002 (See Information on Reverse)

For delivery information, visit our website at [www.usps.com](http://www.usps.com) ®

EXHIBIT A

<b>UNDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>RB</i></p> <p><input checked="" type="checkbox"/> Agent      <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>SMAYIS</i></p> <p>C. Date of Delivery <i>6-9-5</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>ABBOTT LABORATORIES 100 ABBOTT PARK ROAD ABBOTT PARK, IL 60064</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number <b>RB 121 172 595 US</b> (Transfer from service label)</p>		<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	

**EXHIBIT B**